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Appropriate District Office
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DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator LAYTON ENTERPRISES, INC.	Well API No. 30-041-20865
Address 3103 79TH ST. LUBBOCK, TX. 79423	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator 80 acres (units A+B)	

II. DESCRIPTION OF WELL AND LEASE

Lease Name FOX "C" STATE	Well No. 4	Pool Name, Including Formation ALLISON FENN	Kind of Lease <input checked="" type="radio"/> State, Federal or Fee	Lease No. V-2096
Location				
Unit Letter A	660	Feet From The NORTH Line and	510	Feet From The EAST Line
Section 36	Township 8S	Range 36E	NMPM, ROOSEVELT	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) NAVATO REFINING CO. P.O. Box 159 ARTESIA, N.M. 88210					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) WARREN PETROLEUM CO. P.O. Box 1589 TULSA, OKLA. 74102					
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 36	Twp. 8S	Rge. 36E	Is gas actually connected? Yes	When? OCT. 1991

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 10-16-92	Date Compl. Ready to Prod. 11-19-92	Total Depth 9800	P.B.T.D. 9750					
Elevations (DF, RKB, RT, GR, etc.) 7060 GL	Name of Producing Formation BOUGH C	Top Oil/Gas Pay 9648	Tubing Depth 9730					
Perforations 9650-72	Depth Casing Shoe 9800							
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
28	20" CONDUCTOR		40		RED-LINE TO SURFACE			
17 1/2	13 1/2		341		400 - CIRCULATED			
11	8 3/8		4193		1500 - CIRCULATED			
7 7/8	5 1/2		9800		1700			

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank 11-24-92	Date of Test 12-7-92	Producing Method (Flow, pump, gas lift, etc.) PUMP	
Length of Test 24	Tubing Pressure 20	Casing Pressure 5	Choke Size -
Actual Prod. During Test	Oil - Bbls. 12	Water - Bbls. 220	Gas- MCF 5.2

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Donald R. Layton
Signature
DONALD R. LAYTON PRES.
Printed Name
12-8-92
Date
806/445-4638
Telephone No.

OIL CONSERVATION DIVISION

Date Approved **DEC 1 1992**
By **Paul Kautz**
Signed by
Geologist
Title

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.